

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002461

STATE FILE NUMBER

WRITE
STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 7

FILED JAN 15 1962

1. PLACE OF DEATH

a. COUNTY

Laclede

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Lebanon

Length of stay in 1b

50 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Laclede Hotel

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Laclede

c. CITY
OR TOWN

Lebanon

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

581 N. Madison

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Luther

Middle

Edward

Last

Kee

4. DATE
OF DEATH

Month

January

Day

Year

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-12-92

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

10b. KIND OF BUSINESS OR INDUSTRY

Barber

11. BIRTHPLACE (City and state or country)

Louisburg, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Macklin S. Kee

13b. MOTHER'S MAIDEN NAME

Mary Brown

14. NAME OF HUSBAND OR WIFE

Grace Mahaffey KEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

WWI

16. SOCIAL SECURITY NO.

498

17. INFORMANT

Address

Mrs. Grace Kee, Lebanon, Mo

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute cardiac decompensation

INTERVAL BETWEEN
ONSET AND DEATH

none

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____

and last saw him alive on _____

Death occurred at

6:40

P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. W. Cunningham M.D.

22b. ADDRESS

Lebanon, Mo

22c. DATE SIGNED

1-6-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

1-9-1962

23c. NAME OF CEMETERY OR CREMATORY

Lebanon City Cemetery Lebanon, Mo

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Douglas Hunsford, Lebanon, Mo

25. DATE RECD. BY LOCAL REG.

1-6-1962

26. REGISTRAR'S SIGNATURE

Hella L. May

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

00

/59

35

35

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2

44

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TYPEWRITER RIBBON

2961 81 NOV 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, working under my _____, Student Embalmer No. _____, by personal supervision.

Signature of Student Embalmer

Signed

James Douglas Griswald

Licensed Embalmer No. 5099

P. O. Address Lebanon, Mo

Note: The
with the above cons

If embalmed

If this body

the above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply constitutes grounds for revocation of license).

ned by a STUDENT, he also shall sign in his OWN handwriting.

ody is not embalmed, fact should be so stated above.